Division of Health Service Regulation			(X2) MULTIPLE CONSTRUCTION (X3) DATE SU				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:		COMPLETED		
AND PLAN	OF CORRECTION	DEIT - ISTATION TO MILE !	A. BUILDING:	vi			
		FCL031007	B. WING		05/28/2015		
NAME OF D	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY.	STATE, ZIP CODE			
		171 EAS	ST CHARITY ROAD				
MOORE I	FAMILY CARE HOME	#2 ROSE F	IILL, NC 2845	8			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE			
C 000	(Initial Comments		C 000				
	This report is of a biennial construction survey done by Bob Getchell on May 28, 2015.				ļ		
	This facility was first licensed as a Family Care Home serving six (6) ambulatory Residents (abl to evacuate and respond without any physical or verbal assistance during a fire or other		9	CONSTRUCTIO	N SECTIÓN .		
				JUL 08	anse		
				30,00	2019		
	emergency) on Jur	ne 10, 1991. Based on this w	, 6	RECE	AVEN.		
1	are requiring the home to be in compliance with the 1984, the 1991 and the applicable portions the 2005 Rules (10A NCAC 13G) for the Licensing of Family Care Homes, the 1968 North		of .	The College	VI.L.		
			ì				
3			h	1			
	(Volume I-B), and,	Residential Building Code the 1991 North Carolina State ection 514.1 exception 1, lome.	e				
	Deficiencies were plan of correction.	noted which will require a new	·				
C 117	Have Current San	. And Fire Safety Approvals	C 117				
	SECTION .0300 - 10A NCAC 13G .0 CONSTRUCTION	302 DESIGNAND					
	fire and quilding sa	all have current sanitation and afety inspection reports which d in the home and available for					
	1. Based on obse	net as evidenced by: evation, current reports were a time of the survey.		(-30-15	ins calked		
	Findings include The Sanitation rep available at the time	oort for the building was not ne of the survey.		Daplow Health Inspector Know they will led then know	HM by 8/215		

Division of Health Service Regulation

STATE FORM

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
STATE FORM

Glan Moore administration

(XIII) DATE

If continuation sheet 1 of 3

Division of Health Service Regulation

#4067 P. 001/004 PRINTED: 06/19/2015

FORM APPROVED

(X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 05/28/2015 B. WING FCL031007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 171 EAST CHARITY ROAD MOORE FAMILY CARE HOME #2 ROSE HILL, NC 28458 PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATIONS TAG TAG DEFICIENCY) C 153 C 153 : Continued From page 1 C 153 C 153: Houskeeping And Furnishings-Clean, Repaired CONSTRUCTION SECTION SECTION .0300 - THE BUILDING JHL 06 2015 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair, (2) have no chronic unpleasant odors; have furniture clean and in good repair; (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: Based on observation, the facility was not maintained in a safe manner by having damaged floor coverings. Findings include: The vinyl floor covering is damaged in the following locations: a) In the corridor, b) In the kitchen C 174 C 174: Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: Based on observation, egress from all areas was not maintained in a safe manner by having

Division of Health Service Regulation

#4067 P. 002/004 PRINTED: 06/19/2015 FORM APPROVED

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 171 EAST CHARITY ROAD ROSE HAMLY CARE HOME \$2 172 EAST CHARITY ROAD ROSE HILL. No. 28458 PROVIDER'S PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD SE CROSS REFERENCE TO THE APPROPRIATE CATE C 174 Continued From page 2 bedroom windows that are not operable. This would affect the residents by not allowing free egress in an emergency. Findings include: a) Throughout the building the windows have been painted shut and can not be opened, b) All the window screens have been removed. 2. Based on observation, the facility was not maintained in a safe manner by having a handrall that was not secured. Findings include: The left front porch has a rotten support post on the left handrail. 3. Based on observation, the building electrical system was not maintained in a safe manner by allowing missing protective covers on the equipment. This would affect all residents by potentially exposing them to an increased risk of electrical shock. Findings include: A duplex outlet in the Dining Room is missing the cover.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLU IDENTIFICATION NUMBER:		A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
MOORE FAMILY CARE HOME #2 177 EAST CHARITY ROAD ROSE HILL. NC 28458 049 ID PREPIX SUMMARY STATEMENT OF DEFICIENCIES BY EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION C 174 Continued From page 2 bedroom windows that are not operable. This would affect the residents by not allowing free egress in an emergency. Findings include: a) Throughout the building the windows have been painted shut and can not be opened. b) All the window screens have been removed. 2. Based on observation, the facility was not maintained in a safe manner by having a handrall that was not secured. Findings include: The left front porch has a rotten support post on the left handrail. 3. Based on observation, the building electrical system was not maintained in a safe manner by allowing missing protective covers on the equipment. This would affect all residents by potentially exposing them to an increased risk of electrical shock. Findings include: A duplex outlet in the Dining Room is missing the cover.			FCL031007		B, WING		05/28/2015		
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